

BEST AVAILABLE COPY

| MULTIPLE-DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | |
|----------------------------------------------------------------------------------|-----------|------|------------------------|------|------------------------|------------|--------------|--|
| | | | | | | 10/088682 | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
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| TOTAL IND. | 2 | | | | | | | |
| TOTAL DEP. | 19 | | | | | | | |
| TOTAL CLAIMS | 21 | | | | | | | |